Effectiv Oct ber 1, 2000					09/9/1663					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							OR	OTHER SHALL		
TOTAL CLAIMS		.*		R	ITE	FEE		RATE	FEE	
FOR	NUMBER FILED		NUMBER EXTRA		C FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS	1) minus 20= * Ø			×	9-		OR	X\$18=i		
INDEPENDENT CLAIMS	= C eurém	1	<u></u>	×	X40=		OR	XốO⇒		
MULTIPLE DEPENDENT CLAIM PRESENT				35=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2					TAL		OR	TOTAL	7/0	
CLAIMS AS AMENDED - PART II 7-16-04 (Column 1) (Column 2) (Column 3)						ENTITY	OA	OTHER	THAN	
CLAMS REMADENG AFTER AMENDAENT Total Independent CASIST REMADENG AFTER AMENDAENT Total Independent	RIGH NAM PREVI		PRESENT EXTRA	R	\TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total · 3 /	Minus ••	20	-//	×	9=		OR	X\$18=	1.48	
Independent • 4/	Minus •••	3		×	10-		OR	XBØ-	86	
PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					35=		OR	+270=		
					CTAL		OR	YUYAL ADOIT, FEE	4584	
G-12-06 (Column 1)	(Cotu	mn 2)	(Column 3)	ADDI	t. FEE			ADAI, PEE		
CLAIMS REMAINING	HUG NUS PREVI	REST ABER IOUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total - 30	Minus	31	- /] X	9=		OR	X\$18=		
Total - 30 Independent - 4	Minus •••	4] ×	tO>		OR	X80-		
FIRST PRESENTATION OF M	ULTIPLE DEPENDEN	TCURM		٠ ١	35=		OR	+270=		
11/8/06			1		TOTAL T. FEE		OR	TOTAL ADDIT, FEE		
(Column 1)			(Column 3)				_			
CLAIMS REMAINING AFTER AMERICMENT	AUA PREVI	HEST MBER HOUSLY O FOR	PRESENT EXTRA		ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total - 30		3/	a /	X	9=		ОЯ	X\$18=		
Independent J	Minus •••	4	• /] ×	10=		OR	X80=		
FIRST PRESENTATION OF A	IULTIPLE DEPENDEN	IT: CLAIM		1 "	35=		OR	+270=		
"If the entry in column 1 is tess than the entry in column 2, write "O" to column 3. "If the "Highest Number Previously Paid For IN THIS SPACE is tess than 20, enter "20." ADDIT FEE ADDIT FEE										
""Il the "Kighest Number Proviously Paid For" (N THIS SPACE to less than 3, enter "3." The "Kighest Number Proviously Paid For" (Rotal or tridependent) to the Highest number lound in the appropriate box in column 1.										

Application r Docket Number